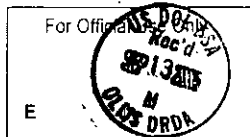


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- Corrected -

1. File Number U - <u>14019</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Joseph C Savia, Sr.</u> P.O. Box, Bldg., Room No., if any <u>Second Floor</u> Street <u>8700 Ashwood Drive</u> City <u>Capitol Heights</u> State <u>Maryland</u> ZIP Code + 4 <u>20743</u>	4. Name, file number, and address of labor organization. Name <u>Steamfitters Local 602</u> Labor Organization File Number <u>002-953</u> P.O. Box, Building and Room Number, if any <u>Second Floor</u> Street <u>8700 Ashwood Drive</u> City <u>Capitol Heights</u> State <u>Maryland</u> ZIP Code + 4 <u>20743</u>
5. Position in labor organization. <u>Business Manager/Finacial Sec Treas</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income: _____ _____ _____ 7.b. Amount: _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joseph C. Savia, Sr.

On

09/01/2005

Date

(301) 333-2356 ext 5

Telephone Number

Name of Person Filing <u>Joseph Savia, Sr.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Heating, Piping & Refrigeration Medical Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Second Floor</u></p> <p>Street <u>6650 Belair Road</u></p> <p>City <u>Baltimore</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>21206</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Self Funded Medical Plan, contributions made by working members of Local 602.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$14,287,525</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Registration for 11/13/05-11/16/05, International Foundation of Employee Benefit Plans yearly training conference.</u></p>
	<p>12.b. Amount. <u>\$803</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Poole & Kent Corporation</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4530 Hollins Ferry Road</u></p> <p>City <u>Baltimore</u></p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>Received Christmas Ham via UPS</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$40</u></p>

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents, or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Heating, Piping & Refrigeration Apprenticesh

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Second Floor

Street 6650 Belair Road

City Baltimore

State Maryland ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Training of apprentices, accepts contributions on behalf of covered employees

11.b. Approximate dollar value of such dealing. \$7,878,561

12.a. Nature of interest held or income received.

Travel Reimbursement for attendance at North American Pipe Trades Conference for educational purposes, used for training of apprentices 6/28/2004.

12.b. Amount. \$191

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Heating, Piping and Refrigeration Pens Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Second Floor

Street 6650 Belair Road

City Baltimore

State Maryland ZIP Code + 4 21206

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Self Funded pension Plan, contributions made from eligible employees for Defined Benefit Plan.

11.b. Approximate dollar value of such dealing. \$263,658,558

12.a. Nature of interest held or income received.

Deposit/Reg Fee/Hotel Deposit 11/13/05-11/13/05
International Foundation of Employee Benefit Funds
educational conderence.

12.b. Amount. \$803

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Heating, Piping & Refrigeration Apprenti

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Second Floor

Street 6650 Belair Road

City Baltimore

State Maryland ZIP Code + 4 21206

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Training of apprentices, accepts contributions from active employees

11.b. Approximate dollar value of such dealing. \$7,878.561

12.a. Nature of interest held or income received.

Graduation Tickets, all officers are required to attend Graduations, attendance necessary to distribute diplomas.

12.b. Amount. \$76

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name ASB Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any :

Street 7501 Wisconsin Avenue, Ste 200

City Bethesda,

State Maryland ZIP Code + 4 20814

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name:

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Investment firm

11.b. Approximate dollar value of such dealing.

\$225

12.a. Nature of interest held or income received.

Golf Outing, Chevy Chase Spring Classic

12.b. Amount.

Name of Person Filing Joseph Savia, Jr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASB Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7501 Wisconsin Avenue, Ste 200

City Bethesda,

State Maryland ZIP Code + 4 20814

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$110

12.a. Nature of interest held or income received.

two tickets Orioles/Yankees Baseball Game
RAFFLED AT UNION MEETING

12.b. Amount.

Name of Person Filing Joseph Savia, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ASB Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 7501 Wisconsin Avenue, Ste 200

City Bethesda,

State Maryland ZIP Code + 4 20814

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$150

12.a. Nature of interest held or income received.

Baseball Tickets Orioles/Athletics Game
RAFFLED AT UNION MEETING

12.b. Amount.